

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90179 045 \*\*\*158.75

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 694958**

1. Corporation Name

**AJAX PAVING INDUSTRIES, INC. OF FLORIDA**

Principal Place of Business

909-C TAMiami TRAIL  
P.O. BOX 220  
MURDOCK FL 33938-7220

Mailing Address

P.O. BOX 380220  
MURDOCK FL 33938-0220  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/16/1981**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

**510 Gene Green Rd**

4. FEI Number

**38-2369567**

Applied For

Not Applicable

22

City & State

27

**Nokomis FL**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

23

Zip Country

28

**34275 USA**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

24

Zip Country

29

**34275 USA**

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**HORAN, MICHAEL A  
909-C TAMiami TRAIL  
PORT CHARLOTTE FL 33953**

10. Name and Address of New Registered Agent

81 Name **Horan, Michael A**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**510 Gene Green Rd**  
83  
84 City **Nokomis** **FL** 85 Zip Code **34275**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOB, ELLEN</b>	
STREET ADDRESS	<b>ONE AJAX DR</b>	
CITY-ST-ZIP	<b>MADISON HTS, MI 0</b>	
TITLE	<b>DCT</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOB, HERBERT H</b>	
STREET ADDRESS	<b>ONE AJAX DR</b>	
CITY-ST-ZIP	<b>MADISON HTS, MI 0</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOB, JAMES</b>	
STREET ADDRESS	<b>ONE AJAX DR</b>	
CITY-ST-ZIP	<b>MADISON HTS, MI 0</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOB, STEVEN</b>	
STREET ADDRESS	<b>ONE AJAX DR</b>	
CITY-ST-ZIP	<b>MADISON HTS, MI 0</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Michael A. Horan</b>	
1.3 STREET ADDRESS	<b>1105 Underwood Drive</b>	
1.4 CITY-ST-ZIP	<b>Venice, FL 34292</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Michael A. Horan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/99**  
Date

**486-3600**  
Daytime Phone #

CR2E034 (11/98)